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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Pima
District of _____
Town of Miami
or _____
City of _____ (No. _____ St. _____ Ward _____)

State Index No. 190
Co. Register No. 134
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Juan Cardona { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child <u>male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>Mar 31</u> 191 <u>9</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Ramon Cardona</u>	Full Maiden Name <u>Fernanda Luna</u>	Residence <u>Miami</u>	Residence <u>Miami</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Mex</u>	Occupation <u>miner</u>	Birthplace <u>Mex</u>	Occupation <u>Housewife</u>

Number of child of this mother 4 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Mar 31 1919, at 11/2 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Paul Paige
(Attending physician, midwife, householder.*)

Address Inspiration

Given or Christian name added from a supplemental report _____ 1919

Filed 4-7 1919 W. B. Baylton
LOCAL REGISTRAR.

131-331-631
COUNTY REGISTRAR.

Filed Apr 5 1919 R. E. Fox
COUNTY REGISTRAR.

A True Copy